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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/746,650 TITLE OF INVENTION	12/26/2000 : AIN SERVICE DELIV	ERY AND PROGRAM!	Abdi R. Modarressi MABILITY OVER THE	INTERNET		BS97-052	9924	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$0	\$0	\$0		05/12/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
SCHEIBEL, ROBERT C		2616	370-252000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up or agents OR, alterna (2) the name of a sir registered attorney of	a single firm (having as a member a ey or agent) and the names of up to attorneys or agents. If no name is				
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